



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
741890-20CERTIFICATE OF MAILING OR  
TRANSMISSION  
[37 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-9306, on \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

In re Application of Martin CALDWELL et al..

Application Number: 09/936,841

Filed : March 1, 2002

For : A SURGICAL ACCESS DEVICE

Group Art Unit : 3731

Examiner: Michael Thaler

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$ \_\_\_\_\_
- ☒ Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) \$ 420.00
- ☐ Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) \$ \_\_\_\_\_

☐ Applicant claims small entity status.☐ A check to cover the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.☒ attorney or agent under 37 CFR 1.34(a).Registration number if acting under 37 CFR 1.34(a) 36,092

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and ~~authorization on PTO 2038.~~**

September 28, 2004

Date

Signature

Tim L. Brackett, Jr.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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